. VIII - C. C. C. C. Le VIII and C.	PPP BOSTONIE EST THOU POTENTIAN TO A STORE NEW TOURS OF THE STORE WAS TO A STORE AND A CONTRACT OF THE STORE A
	BOARD OF HEALTH State File No.
· BIACE OF BIOTH	TAL STATISTICS IFICATE-OF BIRTH Registered No
L. O. STANDARD GERTI	
County / County	State angova
District or Township	or Yillage
City Mami No. 409. 8	Nick's Canon St. Ward
	urred in a hospital or institution, give its NAME instead of street and number)
2. Full name of child Actor Barrasa	If child is not yet named, make supplemental report, as directed.
3. Sex of Child To be answered ONLY 4. Twin, triplet or other	r
Market of plural	of birth 1000-100 1000
births. 5. No., in order of birth.	
8. FATHER	14. MOTHER
Full name Gernardino Barraso	Full maiden name (Mosimula Ortes
9. Residence Mam,	15 Residence Miami 7
(Usual place of abode)	(Usual place of abode)
If non-resident, give place and state. Wyord.	If non-resident, give place and state. Myona
10. Color or race	16 Color or race
Med. 11. Age at last birthday 3/ (Years)	Mel. 17. Age at last birthday 27 (Ye
111. Age at last birthday(Tears)	17 COP 1 17. Age at last birthous CAL Site
12. Birthplace (city or place) Warango	18. Birthplace (city or place)
(State or country)	(State or country)
13. C cupation	19. Occupation
Nature of industry	Nature of industry
Muner	1) XMOUNT
20. Number of children of this mother	/ I flaimig nongionim/
(Taken as of time of birth of child herein certified and including this child.) (b) Born alive b (c) Stillborn	ylo ,
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE 7/50	
I hereby certify that I attended the birth of this child, who was to we will born at m. on the date above stated (Born alive or stillborg)	
(*When there was no attending physician) Standard Outri M. 405 mm M. 40.	
or midwife, then the father, nouseholder,	
child is one that neither breathes nor shows other evidence of life after birth.	
Given name added from MA. Quant 12 12 12 13	
Month, day, year	
526-112-969 Filed fau 20, 10 % 10-6. From	
Registrar	Registrar